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Navy & Marine Corps Medical News
Jan. 10, 2002
#02-02

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MN020201. Sea-Shore Tour Revision To Affect Some HMs, DTs
By Chief Naval Personnel Public Affairs

WASHINGTON, DC - Revised sea-shore rotation (SSR) tour lengths have been announced, and many Sailors, including hospital corpsmen and dental technicians, will see their sea-shore rotations changed.

The revised SSR tour lengths are designed to better match the projected number of Sailors available with funded billet requirements at sea and ashore. The aim of the revision is to limit significant changes so Sailors and their families have maximum stability in planning their careers.

"The CNO's goal for the career rates (E-5 to E-9) is 36 months of sea duty and 36 months of shore duty," said CDR Thomas McGovern, aviation enlisted community manager.

Working toward this goal, the number of career rates (E5-E9) with an SSR above 48 months at sea and 36 months ashore has dropped from 37 to 30.

"We are trying to make that goal for as many rates as possible," said McGovern. "However, we can't always do that. It's based on the rating structure, because of certain Navy requirements that some ratings are at sea more than others and we have to work with that and balance the sea-shore rotations."

While not all DTs and HMs will be affected, many will find they will get more time on shore. How much more time - or if there will be a change - depends upon their rank or specialty.

Projected rotation dates (PRD) will be adjusted by Navy Personnel Command (NAVPERSCOM) based on length of a Sailor's remaining tour. Sailors with PRDs of October 2002 or earlier will not be adjusted. Additionally, if a Sailor is advanced in grade during their current tour, NAVPERSCOM is authorized to adjust the Sailor's PRD to that of the senior pay grade.

Sea-shore tour lengths are primarily determined by the ratio of sea billets to shore billets for each rate; this ratio is used to determine the length for each assignment. Over time, some rates will become more sea intensive or shore intensive if the billet base is not adjusted. The office of the Chief of Naval Personnel is working to realign general duty shore - and some sea - billets between shore and sea intensive rates in an effort to

further balance SSR to the greatest extent possible.

The eventual goal is to reduce the maximum sea tour for all career rates (E5-E9) to not more than 48 months.

"A larger portion of the force are careerists now versus years and years ago. We have more junior Sailors with spouses at younger ages, and they want to spend more time with their family and we recognize that," said CAPT Stephen Conn, director of enlisted plans and policy.

"I think everybody in the Navy certainly understands that going to sea is central to the naval service and is what the Navy is all about.

"We do strive not to burden Sailors any more than necessary. Sea-shore rotation, generally, is better than it was decades ago," Conn added.

For a complete list of revised sea-shore tour lengths, including DTs and HMs, see NAVADMIN 341/01, available on the Web at www.bupers.navy.mil.

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MN020202. Annapolis' Heaton Named TRICARE Hero

ANNAPOLIS, Md. - Ms. Jan Heaton of Naval Medical Clinic Annapolis has been selected as a TRICARE Hero by the Department of Defense Health Affairs' TRICARE Management Activity.

TRICARE heroes are recognized for their "above-and-beyond the call of duty" actions on the job.

Heaton has been a health benefits advisor since 1984, and is renowned throughout Navy Medicine for her dedication to ensuring her clients get the right information and advice about their TRICARE health benefit.

Heaton serves midshipmen and cadets at the U.S. Naval Academy, other active duty members, their families and retirees in the area. She assists them with, and advises them about their medical, mental health and special education entitlements and related issues and concerns. It is not uncommon for her to spend more than an hour with beneficiaries explaining the benefit to ensure they get the proper treatment.

"It is important that they know and understand," said Heaton.

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MN020203. Pilots Bring Cheer to San Diego's Kids

By JO1 Sonya Ansarov, Naval Medical Center San Diego

SAN DIEGO - Commercial airline pilots from the San Diego Chapter of Pilots for Kids Organization came to Naval Medical Center San Diego recently to bring hospitalized children some holiday cheer.

"It was nice of them to give me presents and take a picture with me. I really enjoyed their visit and it made my mom happy too," said Steven Roder, age 11.

The pilots along with their mascot, Captain Baldie, a human-sized "eagle" complete with flight jacket, visited children in Balboa's Pediatric ward and the Pediatric Intensive Care Unit.

"Our goal is to bring these hospitalized children some happiness. We bring them toys, talk to them, and most of the children really like seeing Captain Baldie," said Captain Sharon Gray, director of the San Diego chapter. "It warms our hearts to know that we not only make the kids happy, but the people who are responsible for taking care of them happy too," Gray added.

The pilots were leaving when young Steven stuck his head out of his hospital room door.

"Thank you very much," he said.

"That's what it's all about," said Gray. "That smile and thank you from a happy child."

The Pilots for Kids Organization has been cheering hospitalized children since 1983.

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MN020204. Fleet Hospital Ensures Reservists are Medically Ready
By LT Rhonda Byars, NC, USNR, Fleet Hospital Dallas Detachment 19

FORT WORTH, Texas - Fleet Hospital Dallas Detachment 19 of Naval Reserve Center Fort Worth conducted a medical and dental stand down for more than 400 Selected Reservists drilling in the area, doing what Navy leadership has asked them to do in the light of world events - getting them ready.

The stand down reviewed Reservists' medical and dental records to ensure medical and dental readiness wouldn't be a barrier to mobilization readiness.

Fleet Hospital doctors, nurses, corpsmen, and support personnel gave immunizations, EKGs, lab work, dental screenings, administrative updates, and physical assessments. Temporary booths were set up in the center's drill hall to screen medical records then and direct members to the appropriate area to complete any medical or dental shortcoming.

The Fleet Hospital staff served Reservists from almost 30 units over a two day period.

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MN020205. Researchers Lay Down Cash and Food to Help Others

SAN DIEGO - Naval Health Research Center San Diego's researchers took a break from microscopes and data crunching to raise more than \$400 to help the victims of Sept. 11.

Last month the command held a silent action of staff-donated items, including such hot-ticket items as a statue of the Penn State Nittany lion.

The command also filled an office with non-perishable food, baby care products and hygiene items to donate to the Military Parish Visitor Program, a community outreach program sponsored by a local church group that especially serves military families. Ultimately, the command filled a van to overflowing with donated goods.

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MN020206. Post-Deployment Health Satellite Broadcast Scheduled

WASHINGTON, DC - To kick off the implementation of DoD and Veterans Affairs' Post-Deployment Health Evaluation and Management, a broadcast is planned for Wednesday, Jan. 30, 2002 from 1-3 p.m.

The target audience are direct care and operational medicine health care teams.

Navy medical treatment facilities will receive a tool kit of information about the broadcast and post-deployment health evaluation and management shortly before Jan. 30.

The broadcast is available by satellite, some closed circuit military TV networks, Internet and video-teleconferencing at some local facilities. All sites must be registered. Contact your facility satellite or technical coordinator to register at the DoD Deployment Health website, www.pdhealth.mil.

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MN020207. This Month In Navy Medicine History

Jan. 1, 1950 - Mary T. Sproul is commissioned as a LTJG in the Medical Corps. She is the first female physician in the Navy.

Jan. 6, 1942 - Eleven Navy nurses were captured by the Japanese at Manila, interned at Santo Tomas then later moved to Los Banos, Philippines. They spent 37 months as prisoners of war.

Jan. 15, 1997 - CAPT Jerry Linenger, MC, joined the crew of the Russian

Mir Space Station after being launched on Atlantis during shuttle mission STS-81. Prior to the mission, he was trained at the Cosmonaut Training Center, Star City, Russia for more than a year.

Jan. 18, 1962 - After a flash fire in the Persian Gulf on the Danish tanker Prima Maersk, USS DUXBURY (AVP 38) transfers a Navy doctor to help a burned Danish crewman. USS SOLEY (DD 707) took him to the nearest hospital at Bahrain Island.

Jan. 30, 1942 - The U.S. Naval Hospital unit from Canacao near Manila was captured, making it the only naval hospital captured during World War II. The members of the unit would later operate an efficient Japanese POW Hospital in Bilibid Prison, Manila, until late in 1944 when the unit was finally broken up by Japanese authority.

- Contributed by Navy Medicine Historian's Office, Bureau of Medicine and Surgery.

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MN020208. Healthwatch: Could It Be Fifth Disease?

By Aveline V. Allen, Bureau of Medicine and Surgery

Your 6-year-old has come home from school with a runny nose and slight fever, and complaints of feeling achy. Your first thought is a common cold, but then a few days later you notice a red rash across his cheek.

Maybe it's not a cold at all, but a different viral illness altogether. It could be Fifth Disease.

The scientific name for the virus that causes this common illness is Parvovirus B19 agent. Outbreaks most frequently occur in late winter and spring among preschool, school-age and adolescent children. Intermittent cases of the disease may occur throughout the year.

Fluids from the infected person's mouth and throat, such as from coughing and sneezing spread Fifth Disease from one infected person to another. In a house where one child has Fifth Disease, studies have shown another family member will contract the disease in 15 to 30 percent of cases. Infected children also put their fellow classmates at risk.

The telling symptom of the disease is a red "slapped cheek" rash that develops on a child's face six to 11 days after cold symptoms have disappeared. Over time, the rash spreads and red blotches appear on extremities. This rash usually lasts from one to three weeks during which it may fade or get more intense.

As the rash begins to heal, the centers of the blotches will fade, and the rash will start to form a lacy, net-like appearance.

Sometimes, factors such as sunlight, heat, exercise, and stress may trigger a second outbreak of the rash.

Additional symptoms associated with this disease include swollen glands, red eyes, sore throat, diarrhea, and uncommon rashes that look like blisters and/or bruises.

"During a typical season, we see two to 10 cases a week," said CAPT Jeffrey R. Greenwald, MC, and chief of pediatrics, National Naval Medical Center, Bethesda, Md. Fortunately, the prognosis for this usually mild disease is generally excellent.

Although Fifth Disease is most common in younger children, older children and adults have also been known to get the infection and experience itching accompanying the rash. Also, in more severe cases among older teens and adults, joint swelling and pain can last months or even years. A rash commonly appears on their hands, wrists, knees, and ankles.

It is important to note the rash is an immune reaction that occurs after the infection passes. A child with the rash alone is usually not contagious.

Beyond general good hygiene practices, such as frequent hand washing,

there's no way to prevent contracting the illness. There's no vaccine, and, since it is a virus rather than a bacterial infection, antibiotics generally have no effect. Cold symptoms and itching can generally be treated with home remedies.

"There is no clinical treatment, no drawing of blood or anything," said Greenwald.

However Greenwald does stress that women who are pregnant should immediately inform their physician if they think they've been exposed to the disease.

"While Fifth Disease is generally a benign infectious disease of childhood, it may cause significant problems in the growing fetus, such as severe anemia," Greenwald said. "Any pregnant woman who is exposed to Fifth Disease should be evaluated and followed closely by her obstetrician."

As a general rule, parents should consult a healthcare provider if their child has a rash, and most importantly if it is on the face and cheeks and is extremely red or if the rash occurs after symptoms of a common cold.

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